

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 16 1957

34708

STATE FILE NUMBER

Registration District No. 2 Primary Registration District No. 4009 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Savannah</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Savannah</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>204 South Sixth</u>			Length of stay in lb <u>21 yrs.</u>			d. STREET ADDRESS (If outside, give location) <u>204 So. Sixth St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>Henry</u> Last <u>Coffey</u>				4. DATE OF DEATH Month <u>October</u> Day <u>9</u> Year <u>1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>March 24, 1879</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Andrew County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>George Coffey</u>				14. MOTHER'S MAIDEN NAME <u>Kate Thompson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>486-30-2276</u>		17. INFORMANT <u>Helen Robison</u> Address <u>Savannah, Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral trauma</u>						INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>.22 calibre rifle bullet wound.</u>						minutes.	
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>"Nervous Breakdown"</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Held rifle to forehead, pulled trigger.</u>				
20c. TIME OF INJURY Hour <u>9:30</u> Month <u>Oct.</u> Day <u>9</u> Year <u>1957</u> p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Kitchen of home</u>		20f. CITY, TOWN, OR LOCATION <u>Savannah</u>		COUNTY <u>Andrew</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>May 16, 1949</u> to <u>Feb. 14, 1955</u> and last saw her him alive on <u>April, 1957</u> Death occurred at <u>9:30</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>W.S. Maxwell, D.O., Coroner</u>				22b. ADDRESS <u>307 W. Main, Savannah, Mo.</u>		22c. DATE SIGNED <u>10/12/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>October 13, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Savannah City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Savannah, Mo.</u>	
24. FUNERAL DIRECTOR <u>Wm. Rich Savannah, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>10-12-57</u>		26. REGISTRAR'S SIGNATURE <u>William Sparks</u>		

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Wm A. Rich

Licensed Embalmer No. *417*

P. O. Address *Lawrence*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.